

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011906

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 133

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 16 1962

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital x		d. STREET ADDRESS (If outside, give location) 911 Fulton	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CATHERINE Middle A. Last BARBEE		4. DATE OF DEATH Month April Day 6 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 19 1909
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Bluff City Shoe Co	11. BIRTHPLACE (City and state or country) Hannibal Mo.
13a. FATHER'S NAME August Kaltenbach		13b. MOTHER'S MAIDEN NAME Minnie Reddick	14. NAME OF HUSBAND OR WIFE Thomas Barbee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Thomas Barbee Hannibal Mo.
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia terminal Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Chronic bronchitis and asthma DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Auricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH 2 days 5 years
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 8:20 a.m. A. Month, Day, Year 4-2-62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4-2-62 to 4-6-62 and last saw her/him alive on 4-6-62 Death occurred at 8:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert Lanning MD (Degree or title)		22b. ADDRESS 115 N. 5th St. Hannibal, Mo.	22c. DATE SIGNED 4-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 9, 1962	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	23d. LOCATION (City, town, or county) (State) Hannibal Missouri
24. FUNERAL DIRECTOR Smith's Funeral Home Hannibal Missouri		25. DATE RECD. BY LOCAL REG. Apr. 9, 1962	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by Lillian M. Sherman

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 **0648**
2 **0648**
3 **2**
4 **1**
5 **1**
6
7 **0**
8 **1**
9 **502.1**
10
11
12 **2-0**
13 **1-0**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 7/9/62